

Town of Spencer 90 N West Street Spencer, Indiana 47460 Phone (812) 829-3213

### **INSTRUCTIONS**

Fill out the Application for Variance in its entirety. Information regarding the property can be verified in the office of the Owen County Auditor. After preparation of the application return the application to the Spencer Town Clerk/Treasurer at least 15 days prior to the next regularly scheduled meeting of the Board of Zoning Appeals.

Variance Request No.	

# TOWN OF SPENCER BOARD OF ZONING APPEALS VARIANCE APPLICATION

This application must be submitted with the required application fee. All fees are non-refundable regardless of the outcome of the request.

Has any construction started of	on the project which	n is the subject o	f this varia	ince? YES NO
Has a stop work order been i	ssued by the Owe	en County Buildir	ng Departr	ment for the project that is the
subject of this variance? Y		·		
APPLICANTS				
Name:				
Address:				
City:		State:		Zip Code:
Telephone #:	FAX #:	<u> </u>	Email:	
OWNERS AS SHOWN C	N COUNTY TA	X RECORDS		
Name:				
Address:				
City		State:		Zip Code:
Telephone #:	FAX #:		Email:	
PROPERTY INFORMAT	ION			
Property Address:				
Parcel#	Lot Size/Acrea	ge:	Zor	ning Classification:
Current use of premises:	L		<u> </u>	
Proposed use of premises:				
Is this property located in a su	bdivision? YE	S NO		

Variance Request No.			
This application is to vary from the term and Subdivision Control Ordinance by a		Section :	of the Town of Spencer Zoning
Is the variance request for a  Use Variance	;	☐ Design Va	riance
IF APPLYING FOR A USE VARIAN	ICE FILL OUT TH	E SECTIONS	BELOW
I understand that the zoning ordinance order for this variance to be granted, the 152, §152.087. I submit the following gr	request must satisfy	y all the criteria	
The approval will not be injurious to community because:	the public health,	safety, morals	s, and general welfare of the
The use and value of the area adjacent substantially adverse manner because:	to the property incl	uded in this va	ariance will not be affected in a
The need for a variance arises from soil is:	ne condition peculia	ar to the prope	rty involved, and that condition
The strict application of the terms of the applied to the property for which the variable.			te an unnecessary hardship if
The approval does not interfere substan	tially with the Master	Plan because	:
IF APPLYING FOR A <u>VARIANCE</u> SECTIONS BELOW	FROM DEVELOP	MENTAL ST	TANDARDS FILL OUT THE
I understand that the zoning ordinance order for this variance to be granted, the 152, §152.088. I submit the following group	request must satisfy ounds for a variance	y all the criteria in this case:	a contained in Title XV, Chapter
The approval will not be injurious to community because:	the public health,	safety, morals	s, and general welfare of the
The use and value of the area adjacent substantially adverse manner because:	to the property incli	uded in this va	ariance will not be affected in a
The strict application of the terms of the the property because:	Zoning Ordinance	will result in p	ractical difficulties in the use of
I swear or affirm under the penalties the best of my knowledge and belief.		the foregoing	representations are true to
Applicant Signature			Date

Printed Name

Variance	Request No.	
----------	-------------	--

Owner Signature	 Date
o mior dignaturo	Ballo
Printed Name	
Owner Signature	 Date
Printed Name	
*The following documentation is to be supplied at the application:	time of submission of the variance
Deed	
Site Plan (must include any property in	nprovements, septic placement,
setbacks, and any other intended uses	3)
Certified List of adjacent landowners	I
Authorization of Owner, if not fee simple Copy of Restrictive Covenants if prope	
Application Fee (Non-refundable)	ity is iii subulvisioii
OFFICE USE ONLY	(
If Necessary, Health Board Approval? YES NO	
Recommendations or Requirements:	
	By Whom:
Initial on-site inspection complete? YES NO	

THIS INSTRUMENT PREPARED BY: Richard W. Lorenz, Attorney at Law, Spencer, Indiana

## Legal Notice Example

## **LEGAL NOTICE**

## **BOARD OF ZONING APPEALS**

The Town of Spencer Board of Zoning Appeals	will meet on the	day of	, 20
at : o'clock a.m./ p.m in the Spence	r Municipal Buildi	ng, 90 N West	Street, Spencer,
Indiana in order to hear the following application	:		
Variance Requ	uest No.		
A request for a variance concerning Title	Chapter	section	of the Spencer
Town Code in order to			
This application for a variance may be exami	ned in the office	e of the Town	Clerk/Treasurer
Spencer Municipal Building, 90 N West Street, S	Spencer, Indiana,	47460.	
Interested parties may offer an oral opinion a	at the Hearing o	or may file a v	vritten comment
concerning the matter to be heard prior to the He	earing.		
D. C.C. A. N.		<del></del>	
Petitioner(s) Name		Date	

#### Notice to Adjacent Landowners Example

Date

#### **VIA CERTIFIED MAIL**

Name of Adjacent Property Owner Address City, State, Zip

RE: Variance Application for [state reason for variance]

Dear Name:

Petitioner will be appearing on the day of , 20 at : o'clock a.m./ p.m before the Town of Spencer Board of Zoning Appeals to discuss Variance Request No. . A request for a variance concerning Title Chapter section of the Spencer Town Code in order to .

This application for a variance may be examined in the office of the Town Clerk/Treasurer, Spencer Municipal Building, 90 N West Street, Spencer, Indiana 47460.

As an interested party and adjacent owner you are invited to attend the meeting at said date and time to voice your approval or any concerns that you may have regarding this matter.

Thank you for attention to this matter herein.

Sincerely,